

Virginia Department of Health
Office of the Chief Medical Examiner
Local Medical Examiner Expectations

The following are the expectations for a local medical examiner (LME) for the Office of the Chief Medical Examiner. Please review these expectations carefully and determine if you will be able to meet the outlined criteria. If you have any concerns about these expectations, please contact your district office to discuss them with the District Administrator or an Assistant Chief Medical Examiner or contact the State Project Manager.

PROFESSIONALISM	Initials
<ol style="list-style-type: none"> 1. Provide a high quality service to the citizens of the Commonwealth while performing the duties of a local medical examiner. 2. Maintain confidentiality of information. As a local medical examiner, you are a contractor for the Virginia Department of Health (VDH) and you shall follow VDH's Confidentiality Policy. The information provided to you by the Office of the Chief Medical Examiner (OCME) is confidential and shall not be disclosed, in any manner, to any person who is not affiliated with the OCME. Please review VDH's Confidentiality Policy provided as a separate document and sign and return the acknowledgement form that's provided in Appendix B. 3. Notify the district office(s) of unavailability dates in a timely manner should you have a scheduled vacation or if you are unable to perform duties for a designated timeframe for the district offices to ensure there is appropriate coverage throughout the Commonwealth. 4. Support the OCME and their mission of providing state of the art, high quality, professional medicolegal death investigations for all citizens of the Commonwealth regardless of their geographic location. 5. Conduct yourself in a professional manner and dress in appropriate attire when representing the OCME in any capacity. Refer to Appendix A for the OCME personal appearance policy. 6. Provide a valid e-mail address. Most correspondence and information will be distributed via e-mail communication. 7. Maintain an unrestricted professional license (Doctor of Medicine, Doctor of Osteopathic Medicine, Physician Assistant or Nurse Practitioner) to practice in Virginia. 8. Maintain a valid driver's license. 	
TRAINING	
<ol style="list-style-type: none"> 1. Complete initial orientation training at a district office to review expected duties. 2. Attend at least <u>one</u> Local Medical Examiner Conference every appointment term, which is every three years unless appointed during an appointment term. There are two LME Conferences held each year, typically one in the fall and one in the spring at different districts. No charge to attend the conferences but CME credits are available for a fee. 3. Complete (free) mandatory on-line annual training on TRAIN Virginia. <i>More information to come on TRAIN VA.</i> 4. Contact your district office if you need additional training and/or you have questions about a case and/or your responsibilities. While local medical examiners may consult and support each other, please contact your district office to assure consistent and current training is provided. 	
DEATH CERTIFICATES	
<ol style="list-style-type: none"> 1. Enroll in the Virginia's Electronic Death Registration System (EDRS) and utilize EDRS when certifying Medical Examiner Death certificates. 2. Only Medical Examiners shall certify Medical Examiner's Death Certificates. The sharing of login and pin information in EDRS for Medical Examiners is prohibited by EDRS policy and enrollment. 3. Certify Medical Examiner Death Certificates in EDRS after completion of an external examination. You may coordinate EDRS access with the facility where you conduct the examination. 	
EXTERNAL EXAMINATIONS	
<ol style="list-style-type: none"> 1. Perform an external examination of the decedent within 24 hours of the district's notification of death. If unable to complete examination in the specified timeframe, contact the district office immediately so other arrangements can be made. 2. Conduct external examinations only at a hospital or funeral home. External examinations will not be conducted at death scenes, private homes, or other businesses. 3. Fully undress the decedent and remove all personal effects and medical intervention from the decedent during the examination. 4. Paperwork for External Examinations <ol style="list-style-type: none"> a. Complete the external examination form, ensuring that scars, marks, tattoos, medical artifacts, personal effects and injuries are properly documented. <ul style="list-style-type: none"> • Notify the district office of instances of suspicious marks/injuries or lack of expected fatal injuries present. 	

b. Place completed paperwork (with toxicology specimens) in the postmortem specimen collection kit and place in the mail or deliver to the district office no later than 24 hours after completion of external examination. The District Office should receive the paperwork within three days of completing the external exam or payment <i>may</i> be withheld.	
SPECIMEN COLLECTION	
<ol style="list-style-type: none"> 1. Collect two full tubes of blood (contact district office if you're unable to collect at least one full tube of blood), urine (if possible), and vitreous fluid for each case. Legibly write the decedent's information and select the site drawn on the tubes containing the specimens. 2. Notify the district office immediately if you're unable to collect adequate blood for toxicology. 3. Place toxicology specimens in postmortem specimen collection kit (with paperwork) and place in the mail or deliver to the district office no later than 24 hours from the time the specimen was drawn. 4. The District Office should receive the toxicology specimens within three days of completing the external exam or payment <i>may</i> be withheld. 	
SCENE RESPONSE - Optional with specific training and demonstrated skill	
<ol style="list-style-type: none"> 1. Respond to the scene in a reasonable amount of time. You will be contacted by a medicolegal death investigator (MDI) if a scene response is needed. Inform the district office if you're unable to respond. 2. Examine or survey the decedent at the scene. <u>No</u> external examination should be performed at a scene. 3. Describe and document evidence at the scene, if applicable. 4. Complete the Death Scene Investigation Report (2-page document) after scene response, which includes scene description and scene diagram. 5. Send photographs taken to the district office via e-mail or follow the district offices' pre-arranged agreement. 6. Mail or deliver the paperwork to the appropriate district no later than 24 hours after scene response. 7. The District Office should receive appropriately completed paperwork within three days of completion of scene response or payment <i>may</i> be withheld. 	
CREMATION AUTHORIZATIONS Optional – Independent arrangements with funeral service providers	
<ol style="list-style-type: none"> 1. The purpose of this review is to assure that no cases, which should be a medical examiner's cases, are cremated without proper investigation. 2. Conduct cremation authorizations only at a hospital, crematory or funeral home and not at private homes or other businesses. 3. Complete a thorough examination of the undressed decedent without medical therapy to ensure there is no unforeseen trauma. 4. Review the decedent's signed death certificate prior to signing the cremation certificate. <ol style="list-style-type: none"> a. If the death certificate is a non-Medical Examiner's death certificate and contains a cause of death statement that may indicate the decedent could/should be a medical examiner's case, further inquiry is required by the local medical examiner permitting cremation. <ul style="list-style-type: none"> • If you need guidance and/or assistance, please contact your local district OCME office. b. If the cause of death statement is incomplete and contains a mechanism of death only, further inquiry is required by the local medical examiner permitting cremation. c. These issues must be resolved <u>before</u> the authorization is signed. Clarification may be hand-written on the form. 5. Complete a Virginia cremation certificate only for a death that occurred in the Commonwealth of Virginia. 6. Send a copy of the cremation certificate along with a copy of the death certificate to the district office within five business days of signing the authorization. 	

I have read the expectations of a local medical examiner for the Office of the Chief Medical Examiner and agree to them. I will perform the duties of a local medical examiner to the best of my ability and understand that noncompliance with the expectations listed could result in the termination of duties as a local medical examiner.

Signature	Print Name	Date
OCME Rep Signature	OCME Rep Print Name	Date

Appendix A
OCME Personal Appearance Policy

I. Policy

These are general standard guidelines for personal appearance established by the OCME.

- A. Each employee contributes to the OCME image, whether or not actual public contact is involved in his/her position. It is important that each employee be properly attired to present a professional and businesslike image, both to the public and to their co-workers.
- B. Employees of the OCME shall at all times appear neat and clean, and keep their clothing and accessories clean and in proper repair. Clothing should fit comfortably, without being too tight or too baggy.
- C. Hair should always be kept clean and neat and colored/dyed with natural human hair colors (for example no bright/neon colors), including hair streaks and highlights. Attention should also be paid to all aspects of personal grooming and hygiene.
- D. Extreme and multiple (more than 3) visible piercings in one location are prohibited during work hours. Anything other than ears and nose is considered an extreme piercing. Nose studs are the only acceptable nose jewelry and the stud shall not be larger than 1.5 mm.
- E. Tattoos on the ears, head, face, nose, or tongue are prohibited. Tattoos that have slogans or images that are demeaning or feature profanity or other messages that do not promote or enhance a safe and productive workplace are prohibited. Visible tattoos that cannot be fully covered up by a 3 x 5 index card should be covered at all times. Employees can cover tattoos with clothing or by utilizing commercially available cosmetics or fabric covers made for the purpose of covering tattoos.
- F. In all cases, employees should exercise good taste and common sense in relation to dress that is appropriate for individual tasks, expectations, and the OCME's standards.

II. Purpose

The purpose of this policy is to provide general standards for the personal appearance of all OCME personnel. OCME personnel, including local medical examiners, are expected to be attired commensurate with their duty assignment.

A. Death Scenes

- 1. The location and type of death scene will dictate the appropriate dress for OCME staff. For example, when visiting a scene for a reenactment at a residence, staff may want to dress professionally when meeting with family members, friends, and neighbors to obtain needed information. Conversely, business attire may be inappropriate at scenes such as fire scenes, excavations, abandoned houses, decomposed remains, especially bloody scenes, or working in a deep woods setting. Skirts, dresses, and capri pants are prohibited at all scenes. Scrubs are also prohibited at scenes.
- 2. Investigators are encouraged to wear short or long sleeve black, navy blue, or gray polo shirts with the OCME logo, pants, and boots to scenes. Men's cut polo shirts must be worn tucked into the pants. Women's cut polo shirts may be worn untucked, or tucked into the pants. Shirts must be of sufficient length to meet the waistband, so that the employee's back is not exposed when bending over during the scene investigation.
- 3. Athletic shoes, canvas sneakers, and open-toed shoes are prohibited at scenes.
- 4. Clothing, PPE, and protective gear, such as gloves, boots, and hats, should be used to minimize exposure to potential blood borne pathogens, insects, poison ivy/oak, injuries, and other hazards at the scene.

B. Appropriate Attire for Court Testimony and Depositions

- 1. When appearing and/or testifying in court or providing a deposition, all OCME personnel shall dress professionally (i.e., business dress attire).

Appendix B

Virginia Department of Health (VDH) General Confidentiality Policy & Agreement

The VDH General Confidentiality Policy was provided as a separate document with the local medical examiner expectations. Below is the acknowledgement that will need to be signed and returned to the State Project Manager once you've reviewed the attached policy.

Office of the Commissioner
VDH Policy Number: OCOM #1.01
Effective Date: 05/09/2012
Last Revision Date: 07/10/2015
Review Cycle: 08/01/2017

VDH

Virginia Department of Health General Confidentiality Agreement

I acknowledge that I have received and maintained current training on the VDH Confidentiality Policy and Procedures and it is my responsibility to comply with all aspects of the policy and procedures. I acknowledge and understand that I may have access to confidential information, including Protected Health Information (PHI), and Personal Information (PI) regarding VDH personnel, clients/patients, or the public. In addition, I acknowledge and understand that I may have access to proprietary or other confidential information or business information belonging to the VDH. Therefore, except as required or permitted by law, I agree that I will not:

- Access or attempt to access confidential data that is unrelated to my job duties at VDH;
- Access or attempt to access Protected Health Information (PHI) beyond my stated authorized HIPAA access level;
- Disclose to any other person, or allow any other person access to, any information related to VDH that is proprietary or confidential and/or pertains to employees, students, clients/patients, or the public. Disclosure of information includes, but is not limited to, verbal discussions, FAX transmissions, electronic mail messages, voice mail communication, written documentation, "loaning" computer access codes, and/or another transmission or sharing of data.
- Disclose Protected Health Information (PHI) in violation of law.

I understand that VDH and its employees, clients/patients, or others may suffer irreparable harm by disclosure of proprietary or confidential information and that VDH may seek legal remedies available to it should such disclosure occur. I understand that violations of this agreement may result in disciplinary action, up to and including, termination of my employment. Further, I understand that I am bound by this agreement after I am no longer an employee, volunteer, contractor, or assignee of VDH.

Local Medical Examiner's Signature

Date

State Project Manager's Signature

Date